S. CIP	_	PART B	8 - FEE(S)	TRANSMITTAL		
Complete and send	this form, together wi	th applicable f		Mail Stop ISSUI Commissioner fo P.O. Box 1450 Alexandria, Vir Eax (571) 273-2885	or Patents	
INSTRUCTIONS: This for appropriate. An further condicated unless consected maintenance fee notified to	orm should be used for training the check or directed otherwise	nsmitting the ISSU Patent, advance or e in Block 1, by (a	JE FEE and reders and notical specifying and specifical and specifying and specifying and specifying and specifical and specifying and specifying and specifying and specifical and specifying and specifying and specifical and specif	PUBLICATION FEE (if requision of maintenance fees a new correspondence address	ired). Blocks I through 5 swill be mailed to the current; and/or (b) indicating a sep	should be completed where correspondence address as arate "FEE ADDRESS" for
CURRENT CORRESPONDEN	CE ADDRESS (Note: Use Block 1 for 7590 11/17/2005			Note: A certificate of	mailing can only be used fais certificate cannot be used al paper, such as an assignme of mailing or transmission.	or domestic mailings of the
PERKINS COIE P. O. BOX 1247 SEATTLE, WA 9	8111-1247			Ce I hereby certify that the States Postal Service addressed to the Ma transmitted to the USI	rtificate of Mailing or Tran his Fee(s) Transmittal is beir with sufficient postage for fir il Stop ISSUE FEE address PTO (571) 273-2885, on the	smission  g deposited with the United states and the states are an envelope s above, or being facsimile date indicated below.
12/20/2005 HVUONG2 0000 01 FC:1501 02 FC:8001	1400.00 OP 3.00 OP			Jeanne (	Connelly	(Depositor's name) (Signature) (Date)
APPLICATION NO.	FILING DATE	1	FIRST NAMEI	INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/660,529	09/13/2000	Yong R		<del></del>	MS1-416US	7192
APPLN. TYPE	SMALL ENTITY	ISSUE FI	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	)	\$0	\$1400	02/17/2006
EVAL	EXAMINER		ARTIBUT		1	
SRIVASTAVA, VIVEK		ART UNIT 2617		725-037000	J	
CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
		elow, no assignee of this form is NO	data will appo Γa substitute:	(print or type) ear on the patent. If an assign for filing an assignment. E: (CITY and STATE OR CO		locument has been filed for
Microsoft	Corporation		**	Reamond,	Washington	
Please check the appropriat	e assignee category or catego	ories (will not be pri	inted on the n	atent): 🔲 Individual 🖾 🖸	orporation or other private gr	oun entity
4a. The following fee(s) are		4b	. Payment of	Fee(s):		
Issue Fee	small entity discount permitt			n the amount of the fee(s) is en		aa:
Advance Order - # o		· 	The Dire	by credit card. Form PTO-2038 ctor is hereby authorized by c	harge the reclaimed fee(s), or	dditional credit any overpayment, to
	s (from status indicated above	•	_	ount Number50-066 ant is no longer claiming SMA		10
The Director of the USPTO NOTE: The Issue Fee and I interest as shown by the rec	is requested to apply the Issue Publication Fee (if required) words of the United States Pate	ue Fee and Publicat will not be accepted ent and Trademark	ion Fee (if an I from anyone Office.	y) or to re-apply any previousl other than the applicant; a reg	y paid issue fee to the applicate stered attorney or agent; or the	ation identified above. the assignee or other party in
Authorized Signature	1 aunice	timo		Date _   2	15/05	
Typed or printed name _	Maurice J.	Pirio		Registration	V / 33,273	
This collection of informati an application. Confidential submitting the completed a this form and/or suggestion Box 1450, Alexandria, Virg Alexandria. Virginia 22313	on is required by 37 CFR 1.3 ity is governed by 35 U.S.C. pplication form to the USPTs for reducing this burden, straina 22313-1450. DO NOT 1450.	11. The information 122 and 37 CFR 1 O. Time will vary nould be sent to the SEND FEES OR C	n is required t 1.14. This coll depending up Chief Inform COMPLETED	o obtain or retain a benefit by t ection is estimated to take 12 on the individual case. Any co ation Officer, U.S. Patent and FORMS TO THIS ADDRESS	he public which is to file (an minutes to complete, includir mments on the amount of ti Trademark Office, U.S. Dep S. SEND TO: Commissioner	d by the USPTO to process) ng gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450,

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.